



Guam Board of Social Work
Health Professional Licensing Office
194 Hernan Cortez Avenue,
Terlaje Professional Bldg, Suite 213
Hagåtña, Guam

Social Work Licensure Application for Certificate of Exemption

Application Period: Public Law 34-156, codified at 10 GCA § 122317, provides, “Persons may apply for a Certificate of Exemption within six (6) months of the promulgation of the rules and regulations.”

Term of Certificate of Exemption if Approved: Public Law 34-156, codified at 10 GCA § 122317, provides, “The Certificate of Exemption *shall* be effective indefinitely throughout the course of the person’s professional career.”

General Information

Completion of this application form is necessary to be considered for licensure under the Social Work Practice Act, 10 Guam Code Annotated (GCA) Art. 23. Failure to provide all requested information may result in a delay of this application being processed or may result in denial of this application. Please note that the information provided on this application form is subject to the public information laws of Guam.

Carefully follow the directions on this application form. In addition, please note the following:

1. Type or print legibly with black or blue ink only.
2. Disclosure of your Social Security number, if you have one, is mandatory. *See*, 10 GCA § 34109.2 (“Each licensing board, commission, or other entity which issues professional, occupational, motor vehicle, recreational, or marriage licenses or certificates shall record the Social Security number of an applicant for such license or certificate on the application and shall enter this information in its database in order to aid the Attorney General in locating parents or their assets, or in enforcing child support orders.”).
3. If the name shown on your supporting documents is different from that shown on your application, you must submit proof of legal name change, e.g. notarized or certified copy of your marriage license, divorce decree, or other court order.
4. Answer all questions. If not applicable, indicate N/A.
5. Submit completed application packets to:

Physical Address:

Guam Board of Social Work
Health Professional Licensing Office
Department of Public Health and Social Services
194 Hernan Cortez Avenue,
Terlaje Professional Bldg, Suite 213
Hagåtña, Guam

6. It is the responsibility of the applicant to submit all required items and follow-up on the status of the application.
7. If required items are not submitted, then the application will be considered incomplete.
8. Only completed application packets will be reviewed by the GBSW.
9. Please anticipate a response within 30-60 days once your completed application is submitted.

10 GCA § 122317. Exemptions.

Exemptions may be granted to non-social work degree holders who are employed with the job title “social worker” or any derivative thereof.

Those granted a Certificate of Exemption by the Board would be allowed to remain in their social work positions without a social work license.

Persons may apply for a Certificate of Exemption within six (6) months of the promulgation of the rules and regulations.

The Certificate of Exemption shall be effective indefinitely throughout the course of the person’s professional career.

SOURCE: P.L. 34-156 (December 28, 2018)

Checklist of Documents Required (Exemption)

Complete and notarized GBSW Application for Certificate of Exemption	
2X2 passport-size photograph obtained within the past six (6) months, signed and dated on the back of the photo	
Three (3) Professional References/Letters of Verification acknowledging that applicant is an individual in good standing and is highly recommended for employment with the job title, "Social Worker" 1. One from current employer 2. One from current or former professional colleague 3. One from an individual other than a family member <i>*The Board reserves the right to contact references is needed</i>	
Copy of valid government-issued photo identification	
Copy of proof of citizenship/immigrant status (birth certificate or non-expired passport)	
If name on supporting documents differs from that shown on application, Proof of Legal Name Change (e.g. copy of marriage license, divorce decree, or other court order)	
Official college transcripts sent directly from the institution(s) to: Guam Board of Social Work Health Professional Licensing Office Department of Public Health & Social Services 123 Chalan Kareta Mangilao, Guam 96913	
Resume to include clinical supervision and any specialized training received	
Copies of other related Licenses or Certifications held	
Current Police Clearance(s) obtained to cover all residences within the past six months	
Current Court Clearance(s) (state/local) to cover all residences within one year	

ONLY COMPLETED APPLICATIONS WILL BE REVIEWED BY THE GBSW.

Social Work Licensure

Application for Certificate of Exemption

(For Non-Social Work Degree Holders Only)

Section 1. Applicant Identification & Contact Information

Last Name:	First Name:	Middle Name:	
Maiden Name or Other name(s) or aliases you have been known by or used:		Specify reason for name change:	
Social Security Number:	Date of Birth: ____/____/____	Place of Birth:	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> Gender Non-conforming			
Residential Address: _____ Village, Territory: _____ Zip code: _____ Number of years residing at this address? _____		Mailing Address (if different) _____ Village, Territory: _____ Zip code: _____ <input type="checkbox"/> Same as residential address	
Email address (print clearly)	Home phone: ())	Business Phone: ())	Cellular phone: ())

Section 2. Citizenship Status

A. Are you a United States Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
B. If you answered "NO" to question "A." above, are you: <input type="checkbox"/> A qualified alien (as defined in 8 U.S.C.A. § 1641) <input type="checkbox"/> A non-immigrant under the Immigration and Nationality Act (8 U.S.C.A. § 1101 et seq) <input type="checkbox"/> An alien who is paroled into the United States under 8 U.S.C.A. § 1182(d)(5) for less than one year. <input type="checkbox"/> A foreign national not physically present in the United States. <input type="checkbox"/> Other- please provide detailed explanation via an attached statement
C. Do you intend to seek entry into the United States for the purpose of performing labor as a healthcare worker, other than a physician? <input type="checkbox"/> Yes <input type="checkbox"/> No

Section 3. Educational Information

Post-Secondary Education History: Starting with your highest degree of education, list all the schools, colleges, and universities attended, whether completed or not, in chronological order. Use additional sheets if necessary.

Note: *Certified transcript(s) is required for the highest relevant degree*

1) Degree/Graduation Date: <i>(i.e. MSW/May 21, 2010)</i>	Major:	
College name and address:	Dates of attendance	
	From	To
2) Degree/Graduation Date: <i>(i.e. BSW/May 21, 2010)</i>	Major:	
College name and address:	Dates of attendance	
	From	To
3) Degree/Graduation Date: <i>(i.e. BSW/May 21, 2010)</i>	Major:	
College name and address:	Dates of attendance	
	From	To
If additional space is needed, please provide "Educational Information" on a separate sheet and attach to this application.		
Number of Educational Information Pages Attached: _____		

Section 4. Licenses or Certifications

Please list any related Licenses or Certifications held (i.e. LMFT, LMHC, LPC)

Type of License	Issuing Territory or State	Date of Initial Issuance	Date of Expiration

Section 5. Employment Requirement

Note: Please attach resume and/or curriculum vitae

☐ I am currently employed - Job title: _____

Place of Current Employment: _____

Date of Hire: _____

☐ I am retired - Last job title: _____

Place of Last Employment: _____

Month/Year of Retirement: _____

Section 6. Application Attestations

1. Have you ever had a professional license placed on probationary status, put on restriction, denied, suspended, or revoked by any licensing authority of Guam, another state, territory, or foreign country?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever been reprimanded, disciplined, required to or asked to voluntarily surrender by a licensing authority of Guam, another state, territory, or foreign country?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever been found guilty or entered a plea of nolo contendere to any administrative charge or legal offense in connection with your practice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you ever had any professional legal action taken, torts, or malpractice settlements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you ever applied for and been denied a professional license in any U.S. or foreign jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you ever been charged, arrested or convicted of a felony or misdemeanor involving moral turpitude?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Do you use any chemical substance(s), which in any way impairs or limits your ability to practice with reasonable skills and safety?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8a. Do you have any medical/physical, mental, or substance-related disorders that may interfere with your ability to competently, independently and safely perform the essential functions of your profession? <i>If yes, attach a statement by your primary physician or licensed professional summarizing your limitation.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
8b. Are you receiving any ongoing treatment (with or without medication)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8c. Are you participating in any monitoring program for your responses to questions 8a/ 8b?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Do you have any outstanding child support, spousal support, alimony or educational loan repayment or repayment obligation of 90 days or more in Guam or in any state, territory, or foreign country? (Guam 5 GCA § 34214)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. I am not more than _____ days delinquent in complying with child support order, alimony order or educational loan repayment obligations;	9a. <input type="checkbox"/> Yes <input type="checkbox"/> No
b. I am more than _____ days delinquent in complying with child support order, alimony order or educational loan repayment obligations;	9b. <input type="checkbox"/> Yes <input type="checkbox"/> No
c. I am currently under order for child support, spousal support, alimony or educational loan obligations.	9c. <input type="checkbox"/> Yes <input type="checkbox"/> No
<p><i>If you answered "Yes" to any of the Application Attestations, please state the details on a separate sheet and attach the explanation to this application.</i></p> <p><i>Number of Explanation Pages Attached: _____</i></p>	

Applicant Authentication Statement

I declare under penalty of perjury that the foregoing information is true to the best of my knowledge and belief.

I acknowledge that I am responsible for familiarizing myself with Guam law, including but not limited to Title 10 Guam Code Annotated Article 23 for notifying the Guam Board of Social Work within thirty (30) days if any information provided in herein should change. I understand that the failure to provide accurate information may be grounds to deny my license, or to suspend or revoke a license issued to me in accordance with Guam Law.

I do solemnly swear or affirm that I am of good moral character, with no ethical complaints in the course of my employment within my role as a "social worker."

I solemnly swear that I understand and will abide by the National Association of Social Workers Code of Ethics.

I have personally completed this form, and the photograph attached hereto is a true likeness of myself.

I hereby authorize the Guam Board of Social Work to verify any and all information contained in this application, including requesting that information maintained in applicable data banks be transmitted to the Guam Board of Social Work.

I further authorize the Guam Board of Social Work to review files relating to my fitness to practice including employment records, law enforcement records, motor vehicle records, and court documents to confirm the accuracy and completeness of the information provided herein.

This application and signature shall act as authorization of entities in possession of applicable information to release such information to the Guam Board of Social Workers.

Applicant Signature: _____ **Date:** _____

***** Application must be received within 90 days of the date notarized *****

Subscribed and sworn to before me on this _____ day of _____, 20_____, by
_____ proved to me to be the person referred to in the foregoing application.

SIGNATURE OF NOTARY PUBLIC

COMMISSION EXPIRES: _____

(NOTARY SEAL)

PHOTOGRAPH:

Attach a recent 2"X2"
photograph here.

Scaled to size.